

CHAPTER II

AGENCY SCOPE AND FUNCTIONS

Statutory Creation of the Texas Department of Health

The Texas Department of Health's (TDH) charge is to protect and promote the health of the people of Texas. As a large agency, our activities vary widely. TDH inspects food products for safety, tracks and investigates disease outbreaks, helps communities address their priorities for health improvement, and ensures that low-income people receive medical care, along with a myriad of other activities. TDH touches the lives of every Texan, every day, and everywhere.

The agency is composed of the Texas Board of Health, the Commissioner of Health, programs, and staff distributed through eight public health regions; the state headquarters in Austin; the Texas Center for Infectious Disease, San Antonio; and the South Texas Hospital, Harlingen.

The origin of TDH lies in the establishment of the State Health Officer by the state legislature in 1879 to combat epidemics of yellow fever, smallpox, and cholera in Texas. Since that time, federal and state funding and legislation have defined the agency's responsibilities by providing resources, mandates and definitions to support public health interventions.

The Texas Health and Safety Code, Chapter 11, mandates the organization of TDH. Chapter 12 of the Health and Safety Code grants TDH powers and duties. The authority to operate TDH hospitals and respiratory facilities comes from Chapter 13 of the Health and Safety Code. Though too many to list, there are nearly 200 statutes granting specific authority to TDH to regulate facilities and professions, to collect data and to develop special programs.

The responsibilities of TDH have grown dramatically since the early roots in sanitation and quarantine for infectious disease control. TDH is now known through a whole array of activities that align to make Texas healthier in two basic ways:

- Through the **essential public health functions**, the department investigates how and where threats to health occur in our state, and then applies the tools and skills of community health improvement, health promotion, regulation of potential health hazards, sanitation, disease control and prevention to help populations achieve their own best health status;
- Through its role in Texas's **health care safety net**, the department implements state policies and administers programs to extend health care services to individual people of low income or with special health care needs.

TDH and the Public Health System for Texas

TDH's statutory mandates place the agency in a central role regarding statewide public health functions, but in fact, the practice of public health occurs through the combined efforts of many diverse public and private sector parties operating at the state, regional and local levels. These include local health departments, local and state human service agencies, environmental agencies, health care providers (including private practitioners, community clinics, public and private hospitals, and other sources of health care for individuals), academic institutions, civic organizations, professional associations, advocacy groups, and elected officials and their policy-making bodies at the state and local levels. While productive partnerships sometimes exist among these groups, planned coordination to form a functional system is less frequent. Nevertheless, the people who live in particular communities and counties benefit most when their local options and their state level support exist in a clear and user-friendly manner.

TDH has taken initial steps to develop and appropriately fulfill its roles as a leader, a convener, a catalyst, and an active participant in Texas' public health system, working to support community partners and stakeholders in their own local level systems. In particular, TDH has made a priority of improving its interaction with local health departments and their governing bodies.

Through Chapters 121 and 122 of the Texas Health and Safety Code, municipalities and counties in Texas have the authority to establish and operate autonomous local health departments, public health districts, and health units if they desire. Local health departments in Texas come in a variety of shapes and

sizes. There are 65 local health departments in Texas that receive state funding (called “state-participating”), down from 70 in 1990. These include nine city health departments, 30 county health departments, 11 city-county health departments, and 15 public health districts. There are over 80 “non-participating” local health departments that receive no state funding. Some of these are large, full-service departments, but most are small and provide mainly environmental services such as animal control and septic tank inspections. Approximately 150 of the 254 counties in Texas have no local health presence at all. In areas where there is no local health department, or the local health department is unable to provide all services, TDH regional offices attempt to ensure that the essential public health functions occur.

Two entities of TDH play an important role in direct health care and control of disease: South Texas Hospital and Texas Center for Infectious Disease. Both have undergone long term planning processes and will be shifting their roles in the state’s system for providing direct health care. This shift in their health care roles is outlined in House Bill 3504 and House Bill 1748 from the 76th Texas Legislative Session.

South Texas Hospital provides both inpatient and outpatient care to residents of Cameron, Starr, Willacy, and Hidalgo counties. However, the hospital provides treatment of tuberculosis (TB) to most counties bounded by Webb, Bexar and Victoria counties. The hospital provides treatments to TB patients who have sensitive and multi-resistant TB strains, or patients who are non-compliant with TB treatment protocols. Its outpatient clinic promotes preventive care through patient education and treatment in TB, endocrinology, internal medicine, general surgery and women’s services. The long range plan for these services are important particularly in the control of the spread of TB and reducing the complications associated with the chronic conditions that result in lack of treatment and incidences of other diseases.

The Texas Center for Infectious Disease (TCID) continues to provide medical care to acute TB patients in an intensive care unit. Acute care services such as surgery, intensive care, sophisticated diagnostics and emergency care coordinated with other hospitals such as the University of Texas Health Center (UTHC), Tyler, and Southeast Baptist Hospital in San Antonio. TCID will undergo interim repairs in order to meet JAHCO accreditation. As of September 1,

2000, medical care provided will be custodial care (including quarantine only); all acute care patients will be moved to UTHC — Tyler.

Though public health functions are performed in Texas through autonomous local departments, through TDH regional office efforts, or through collaborators that combine state and local resources, much area for improvement exists to define and apply performance standards and health outcome measures to demonstrate how well Texas as a state benefits from public health services. There is much variability in local public health system funding and availability of services. The state system needs both major and minor modifications and stabilization efforts so that people and communities in most need of services are not left vulnerable to the health threats that exist.

Policy Making Structure

The Texas Board of Health (Board) is charged with protecting and promoting the health of the people of Texas through the adoption of policies and rules and governance of TDH. The Board has five standing committees to focus on areas of strategic management, health and clinical services, regulatory matters, human resources, and health care financing. Twenty-five adjunct advisory committees along with 19 independent boards and committees comprised of technical experts and public members give the Board recommendations on detailed program policies and rule development. The Board also oversees the operation of the South Texas Hospital and the Texas Center for Infectious Disease.

The Board is composed of six non-salaried members appointed by the governor with the advice and consent of the Senate. Four members of the Board must have a demonstrated interest in the services provided by TDH, and two members must represent the public. State statute specifies that the Board should meet at least once each calendar quarter. The Board typically meets ten times per year.

The Health and Human Services Commission (HHSC) is also involved in policy making for TDH programs. HHSC must review all proposed rules of the health and human service agencies, and can require agencies to withdraw or amend the rules.

- HHSC is the official policy making body for several programs that are administered by TDH, notably Medicaid programs and the Children's Health Insurance Program.
- House Bill 2641 in the 76th Texas Legislative session built upon HHSC's operational responsibility for the management and direction of the health and human service agencies through greater supervision and direction of each agency director. This is accomplished through formal Memoranda of Understanding, one between HHSC and the agency director, and one between HHSC and the agency board.

Looking toward the Future

The 76th Texas Legislature passed House Bill 2085, as a response to the findings of the Sunset Advisory Committee's review of TDH. Among other mandates, HB 2085 requires the TDH Board of Health to prepare a comprehensive strategic and operational plan (often referred to as the sunset service blueprint).

This strategic and operational plan must include:

- a review and definition or re-definition of each mission,
- an analysis of how to integrate the department's programs for greater effectiveness and improved access,
- an assessment of services currently provided and an analysis of the need to continue them,
- a method for soliciting input from outside the department,
- an inventory of health-related information resources and a plan for coordinating those resources to effectively meet users' needs,
- a plan for coordinating with federal, state and local entities, and
- a review of other state-mandated plans that exist at TDH.

The effectiveness of the comprehensive plan (blueprint) will be reviewed every two years. This review obliges TDH to conduct systematic and continuous assessment of its operations and their impact on health, and to improve itself accordingly. The first blueprint will be submitted to the Texas Legislature by September 1, 2000.

